



1)

2)

3)

4)

5)

6)

7)

a)

b)

c)

d)

e)

f)

# Instructions for Completing Excel Template

[Review the Form MP-200 Instructions before entering data.https://www.pbgc.gov](https://www.pbgc.gov)

Enter the PBGC case number assigned to your plan and case name in the heading of the applicable tab.

Use the appropriate schedule as a guide while filling out this spreadsheet.

Overwrite the sample data in each tab and populate the applicable tab for:

- Notifying PBGC of transfer to Financial Institution: Schedule A; or

- Transferring Funds to PBGC: Schedule B

- Missing Distributees Removed via Amendment

The item number on the schedule corresponds to the applicable section or question on MP-200

Save your spreadsheet as "Form 200 Excel Attachment\_12345600" where "12345600" is the applicable case number of your plan.

Feel free to add a row at the bottom totaling amounts, counting participants, etc., but insert a blank row between the individual data and any "total" row you want to add.

## Tips for Schedule B

[See Color Coding tips to help understand when additional data or an attachment is required.](#)

[See Definitions of Qualified and Non-Qualified Roth Transfers to determine if Post-Tax transfers are Qualified.](#)

[Uncashed checks should be transferred to PBGC without any reduction for tax withheld.](#)

[If the administrative fee gets paid out of participant funds, record the amount net of the fee.](#)

[If the plan has Other non-taxable benefits, include a description/plan provisions.](#)

If the Missing Distributee is a Beneficiary, list the beneficiary's information and include attachment, or use the Beneficiary tab, to include the originating Participant and why beneficiary is due money

# Schedule B Individual

## COLOR CODE KEY

Additional information or attachment Required to describe this situation

Roth benefit does not appear to be Qualified

Additional Information is Required in this cell

TAB

Removed via Amendment

## **I data for Transferring Plans - Attachment to Form MP-200**

**Use these color indicators when reviewing your filing spreadsheet to insure you have included all the necessary data and descriptions.**

**When Data is entered and the Cell is highlighted with a blue background and a white font, additional information is needed to describe the situation. You can use fields to the right if it's related to a missing distributee being a beneficiary or a portion of the benefit attributable to non-US source income. You will need to include an attachment if it's related to Other post-tax contributions or a Beneficiary election form.**

**When Data is entered in the Qualified Roth Transfers and the Missing Distributee is less than age 59.5, the cell is highlighted with an orange background and a black font. If this data is correct, add a note about why the Missing Distributee's Roth benefit is Qualified.**

**When Data is entered and the Cell is highlighted with a yellow background and a bright blue font, Additional Information is Required in this cell. -**

**Use this Tab for participants that were removed from the Plan Via Amendment, why they were removed and any benefit amount in 8a if a copy of the form is not available.**

1

ank

Part II - Individual Informatio

Missing distributee's name					
Last	First	Middle	Date of birth	Social security number (enter without dashes)	Street
3a(1)	3a(1)	3a(1)	3a(2)		3b(1)

White	Betty	E	5/5/1955	111111111	123 Robin Hwy Ave
Yellow	Joseph	F	6/6/1965	222222222	123 Blackbird Rd
Black	Polly	G	7/7/1970	333333333	123 Eagle St



n					
Last-known address			Account information		Amended Filing Code
City	State	Zip	Account number	Account balance transferred	Use "Removed via Amendment" tab below if needed
3b(2)	3b(3)	3b(4)	3c(1)	3c(2)	4
City1	DE	42345	1111111111	\$25,000.00	
City2	WV	52345	2222222222	\$10,000.00	
City3	DE	62345	3333333333	\$2,500.00	



**Schedule B Individual data for Transferring Plans - Attachment to Form MP-200**

See instructions for detailed information about data to be entered, including information about which items may be left blank

Case Number **33333300**

Case Name **Bus. Corp.**

**Part II - Individual Information**

Missing distributee's name			Date of birth	Social security number (enter without dashes  & ensure any lead zeroes are included)	Last-known address			
Last	First	Middle			Street	City	State	Zip
2a			2b	2c	2d(1)	2d(2)	2d(3)	2d(4)
White	James	E	7/8/1970	111111111	123 Robin Hwy Ave	City1	DE	42345-1234
Yellow	Joe	F	3/2/1964	222222222	123 Blackbird Rd	City2	WV	52345
Black	Polly	G	1/1/1960	003333333	123 Eagle St	City3	DE	62345

**COLOR CODE KEY**

Additional information or attachment Required to describe this situation

Roth benefit does not appear to be Qualified

Additional Information is Required in this cell

Other name(s) ever used (if known)	Type of distributee P if Participant B if Beneficiary
	(If Beneficiary, Include information in fields to the right)
2e	2f
	P
	P
Johnson	B

Part III - Transfer Amount							
Transfer amount attributable to:							
Pre-tax Contributions	Post-tax contributions						
	Qualified Roth Transfers	Non-qualified Roth transfers			Other (Include attachment if greater than \$0)		
Total	Total	Contributions	Investment Earnings	Total (auto calculated)	Contributions	Investment Earnings	Total (auto calculated)
3	4a	4b			4c		
\$500.00	\$500.00	\$100.00	\$50.00	\$150.00			\$0.00
\$300.00	\$800.00	\$0.00	\$0.00	\$0.00			\$0.00
\$96.69		\$0.00	\$0.00	\$0.00			\$0.00

	Is any portion of the benefit attributable to non-US source income?
<b>Total Transfer Amount</b> <i>calculated)</i>	Enter "Yes" or "No"; if "Yes", include information in "Non-US Source Income" fields to the right
5	6
\$1,150.00	yes
\$1,100.00	
\$96.69	

Part IV - Miscellaneous Information					
Date of 1st Roth Contribution  (Required only if part of transfer is non-qualified Roth in 4b)	Beneficiary information				Amended Filing Code  (Use code from instructions for each customer record)  Use "Removed via Amendment" tab below if needed
	Beneficiary Election Form  (yes or no, if yes include copy of form)	Name	Social Security Number  (enter without dashes)	Relationship	
7	8a	8b	8c	8d	9
1/1/2018	no				
1/1/2020	yes	Mary Yellow	77777777	daughter	
1/1/2020	no				

**Information if Missing Distribu**

<b>Beneficiary's Relationship to Participant</b>  Include copy of relevant document (QDRO, beneficiary election form, etc)	<b>Participant SSN</b>	<b>Participant Name</b>

surviving spouse

444444444

Joan White

former spouse/AP

555555555

John Black



**Removed via Amendment data - Attachment to Form MP-200**

See instructions for detailed information about data to be entered, including

**Case Number** 33333300

**Case Name** Bus. Corp.

**Removed via Amendment**

		Last-known address	
Distributee SSN	Distributee Name	Street	City

123456789

A Smith

789 Main St

City 1

ing information about which ite

Address	
State	Zip
VA	22151

VA

22151

Items may be left blank

Reason Removed	Amount Adjusted

Found and paid out

\$ 500.00